PERFORMANCE MANAGEMENT PLAN

Strategic Objective 8: *Increased Use of Child Survival and Reproductive Health Services in Target Areas*

USAID/Mozambique

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SECTION I. INTRODUCTION

A. BACKGROUND

The USAID/Mozambique Strategic Objective in health (SO-8) is ***"Increased Use of Child Survival and Reproductive Health Services in Target Areas."*** SO-8 aims to increase the use of CS/RH services through three intermediate results:

1. Increased access to quality CS/RH services in target areas
2. Increased demand at community level for CS/RH services
3. More accountable policy and management

The purpose of SO-8 is to strengthen the policy and management environment, increase access to proven and effective primary health services, and increase community-level demand for these services by strengthening community participation in managing or influencing the quality of health care services. These three key intervention areas will lead to healthier, stronger families that are more productive, less vulnerable to disease, and contribute more effectively to economic status.

The PMP has been developed through extensive review of documents, interviews with partners and MOH, discussions within the Mission both within the health team and with the program office and other SO teams, and a PMP workshop with USAID/Washington TA.

The Performance Management Plan document is organized as follows:

- Section I introduces the PMP and provides background information;
- Section II presents the Results Framework, indicators, logical consistency of the framework, and the critical assumptions underpinning it;
- Section III describes how the SO-8 Team manages its program for results and covers issues such as responsibilities for various performance management tasks, including data collection, reporting, and analysis;
- Section IV contains Performance Indicator Reference Sheets for all results-level indicators first tier Intermediate Results, and
- Section V focuses on next steps and identifies outstanding issues that will be completed at a later date.

B. GUIDING PRINCIPLES OF THE PMP

The Performance Management Plan (PMP) is an important tool for managing and documenting portfolio performance. It enables timely and consistent collection of comparable performance data in order to make informed program management decisions. The principles governing this PMP are based on the Agency's guidelines for assessing and learning (ADS 203.3.2.2):

A tool for self-assessment: This PMP has been developed to enable the SO-8 team to actively and systematically assess its contribution to USAID/Mozambique's program results and take corrective action when necessary. At its core are practical tools such as indicator reference sheets and a performance management task schedule. In view of the Mozambique Mission emphasis on synergy among SO Teams, this is an important aspect of PMP assessment.

Performance-informed decision-making: The PMP is designed to inform management decisions. The indicators chosen, when analyzed in combination, will provide data to demonstrate or disprove the basic development hypothesis. Health statistics and surveillance data will provide information at a level of results above the Strategic Objective against which to SO-8 Team's effectiveness over a long time horizon will be determined.

Transparency: To increase transparency, indicator and data quality assessments have been or will be conducted, and any known limitations documented in the PMP. Efforts were also

made to ensure that first tier Intermediate Results-level indicators selected can reasonably be attributed to USAID efforts.

Economy of effort: When selecting indicators, efforts were also made to streamline and minimize the burden of data collection and reporting. Data collection for each of the indicators will be reviewed with partners to eliminate duplication to the extent possible. In addition, the principle of "management usefulness" was applied to ensure that only data that would be useful for decision-making would be collected.

Participation: Finally, the PMP has been developed in a participatory manner. Another workshop will be held with implementing partners as soon as they are selected in order to finalize indicators, select process indicators and to discuss data collection. The PMP Performance Indicator Reference Sheets (PIRS) document plans for continued partner involvement in the analysis of performance data.

C. BUDGETING FOR PERFORMANCE MANAGEMENT

The SO-8 team has allocated resources for monitoring and evaluation in all funding mechanisms negotiated to date. There is almost always a trade-off between cost and data quality. This trade-off was taken into consideration when selecting indicators and methods for data collection, and efforts were made to select the most cost-effective yet appropriate approaches. As such, some indicators will draw on ongoing national level data collection efforts (such as the Demographic and Health Survey) while other indicators will require data collection by implementing partners with periodic review and verification by the SO-8 Team and other outside sources. Partners will conduct a baseline and final a Knowledge Practice and Coverage (KPC) Surveys; results from such surveys will be compiled and finally analyzed by FORTE SAUDE.

SECTION II. STRATEGIC OBJECTIVE 8 RESULTS FRAMEWORK

A. GRAPHICAL REPRESENTATION

SO-8 Team's Strategic Objective, "Increased Use of Child Survival and Reproductive Health Services in Target Areas," will be achieved through three Intermediate Results, which in turn will be realized through a series of lower-tier Intermediate Results achieved through collaborative activities with implementing Partners. The graphical representation on the following page illustrates this Results Framework.

B. LOGICAL CONSISTENCY OF THE RESULTS FRAMEWORK

The key premises of this strategic approach are that:

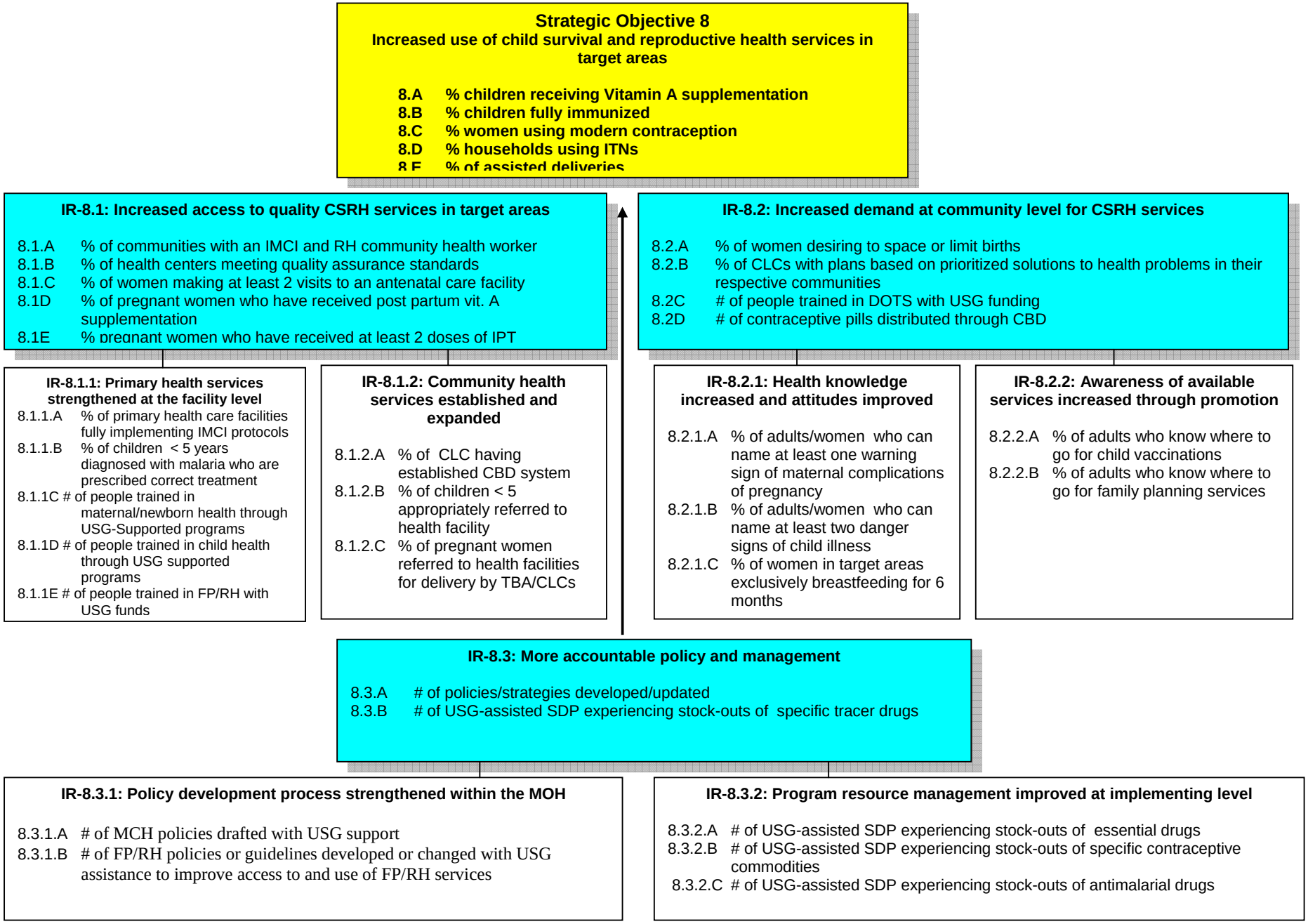
1. Quality is an integral element of access, and services must meet a minimum standard of quality before they are deemed to be available;
2. Clients must understand, value, and seek out quality services; and
3. Policies and management accountability at the central levels must improve to enable more effective and efficient health services and to encourage the use of these services.

By guaranteeing that these fundamental conditions are met, the program will stimulate communities to seek out and successfully use health services and information, and subsequently achieve improved health status.

C. CRITICAL ASSUMPTIONS

The following fundamental assumptions underpin the activities that will be implemented by the SO-8 Team:

- The GRM will accelerate public health sector reform through transparent, decentralized management including greater involvement by municipal governments and civil society.
- There will be no significant changes to existing political enabling environment of the MOH that will slow down the function of implementing partners.
- The MOH will continue progress in implementing the MOH strategic plan and transforming this into a functioning national program coordination platform through a SWAp mechanism.
- The GRM will continue positive trends in investment in social sectors of health and education.
- Other major donors will continue their involvement and financial support in the sector, including increased participation in a pooled SWAp fund.
- PROSAUDE and Provincial Common Fund will be consolidated and able to cover essential services in the remaining provinces.


Strategic Objective 8
Increased use of child survival and reproductive health services in target areas
8.A % children receiving Vitamin A supplementation
8.B % children fully immunized
8.C % women using modern contraception
8.D % households using ITNs
8.E % of assisted deliveries
IR-8.1: Increased access to quality CSRH services in target areas
8.1.A % of communities with an IMCI and RH community health worker
8.1.B % of health centers meeting quality assurance standards
8.1.C % of women making at least 2 visits to an antenatal care facility
8.1D % of pregnant women who have received post partum vit. A supplementation
8.1E % pregnant women who have received at least 2 doses of IPT
IR-8.2: Increased demand at community level for CSRH services
8.2.A % of women desiring to space or limit births
8.2.B % of CLCs with plans based on prioritized solutions to health problems in their respective communities
8.2C # of people trained in DOTS with USG funding
8.2D # of contraceptive pills distributed through CBD
IR-8.1.1: Primary health services strengthened at the facility level
8.1.1.A % of primary health care facilities fully implementing IMCI protocols
8.1.1.B % of children < 5 years diagnosed with malaria who are prescribed correct treatment
8.1.1C # of people trained in maternal/newborn health through USG-Supported programs
8.1.1D # of people trained in child health through USG supported programs
8.1.1E # of people trained in FP/RH with USG funds
IR-8.1.2: Community health services established and expanded
8.1.2.A % of CLC having established CBD system
8.1.2.B % of children < 5 appropriately referred to health facility
8.1.2.C % of pregnant women referred to health facilities for delivery by TBA/CLCs
IR-8.2.1: Health knowledge increased and attitudes improved
8.2.1.A % of adults/women who can name at least one warning sign of maternal complications of pregnancy
8.2.1.B % of adults/women who can name at least two danger signs of child illness
8.2.1.C % of women in target areas exclusively breastfeeding for 6 months
IR-8.2.2: Awareness of available services increased through promotion
8.2.2.A % of adults who know where to go for child vaccinations
8.2.2.B % of adults who know where to go for family planning services
IR-8.3: More accountable policy and management
8.3.A # of policies/strategies developed/updated
8.3.B # of USG-assisted SDP experiencing stock-outs of specific tracer drugs
IR-8.3.1: Policy development process strengthened within the MOH
8.3.1.A # of MCH policies drafted with USG support
8.3.1.B # of FP/RH policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services
IR-8.3.2: Program resource management improved at implementing level
8.3.2.A # of USG-assisted SDP experiencing stock-outs of essential drugs
8.3.2.B # of USG-assisted SDP experiencing stock-outs of specific contraceptive commodities
8.3.2.C # of USG-assisted SDP experiencing stock-outs of antimalarial drugs

SECTION III. MANAGING SO-8 FOR RESULTS

USAID staff and partners have specific roles and responsibilities in the overall performance monitoring system. The following table outlines these responsibilities for each of the major steps in the monitoring process, which are further discussed in detail in this section:

Table 1. PMP major steps and responsibilities.

MAJOR STEPS	RESPONSIBILITY
Collecting performance data	USAID partners; SO-8 Team
Reviewing performance information	USAID partners; SO-8 Team
Reporting performance results *(annual report)*	SO-8 Team
Assessing data quality	SO-8 Team
Reviewing and updating the PMP	SO-8 Team
Conducting evaluations and special studies	USAID partners; SO-8 Team

A. COLLECTING PERFORMANCE DATA

1. Levels of Performance Data - A PMP measures performance data at three levels:

- ***Goal or Context*** indicators are measures that provide a broader perspective on the context within which USAID assistance is being provided. Goal indictors measure results at levels higher than the Strategic Objective.

- ***Results-level*** indicators refer to indicators of program results that can be reasonably attributable to USAID efforts and for which USAID is willing to be held accountable. Attribution exists when the causal linkages between USAID activities and measured results are clear and significant. These indicators measure performance against the SO and IR's in the Results Framework and also serve as the basis for performance reporting to USAID/Washington.

- ***Activity-level*** indicators refer to indicators that provide useful data for ongoing, continuous management of activities by the SO Team. These indicators generally provide more operational data than results-oriented data. Activity-level data can therefore be used to monitor partner performance. These indicators are drawn primarily from the agreements and work plans agreed upon by USAID and its activity partners. This SO-8 PMP does not reach to the activity level and data on activities will be found in individual managers' files and information systems.

2. Data Collection Responsibilities

Partners provide much of the data that serves as the basis of USAID's results-level monitoring and reporting.

B. CONDUCTING EVALUATIONS AND SPECIAL STUDIES

Performance indicators only "indicate" progress and cannot be used to determine "why" a certain result occurs. Evaluations and special studies are ways in which the SO-8 team can complement routine performance monitoring efforts with more rigorous, in-depth analysis on topics of special interest. Some special studies such as the Demographic and Health Survey and the Knowledge, Practices, and Communication (KPC) surveys provide data for indicators. Potential future evaluations and special studies are summarized in include table 2 below.

Table 2. Evaluations and special studies to be conducted.

Evaluation/Study Subject	Key Research Questions	Date of Study	Estimated Cost
Demographic and Health Survey (DHS)	Establish baselines and evaluate continuing performance of key SO-8 program interventions	Oct, 2008	$1.2 million
Knowledge, Practices, Communication Survey (KPC)	Establish baselines and evaluate continuing performance of key SO-8 program interventions	Mar, 2005 Mar, 2008 Mar, 2010	$100,000 $100,000 $100,000
RFP Evaluation	To review CA implementation plans and to discuss any needed changes	Oct, 2005	N/A
RFA Evaluations	Mid-term and final evaluations of CA performance in activities under IRs 1 & 2	Sept./Oct., 2006	$100,000
Health Facilities Assessement	Establish baselines for facility-level indicators (e.g., logistics, management)	April, 2005	$70,000
Malaria Indicator Survey	Establish baselines for some malaria indicators at the household level	July/Oct, 2007	$800,000

C. PORTFOLIO REVIEW

Activity managers individually and the SO-8 Team together will be monitoring performance data during the course of the year. Depending on the results of these reviews, the SO Team may need to adjust its programming and activities. Coordination meetings are held quarterly between implementing partners and MOH staff at provincial, district, health facility and community levels. Meetings are held with all implementing partners to share the evolution of activity implementation amongst the implementing team in respective Provinces. Semi Annual meetings between MOH partners at both central and provincial levels, implementing partners and SO 8 team will be conducted twice a year. Semi-annual performance reviews will provide the opportunity to examine the implementation of activities, the completion of milestones and the achievement of performance results. The Mission will also sponsor an annual portfolio review to evaluate the overall progression of the SO.

The revised ADS 200 guidance (203.3.7, page 29) requires each SO team to conduct an annual portfolio review. The portfolio review is defined as: “A required systematic analysis of the progress of an SO by the SO Team and its Operating Unit. It focuses on both operational and strategic issues and examines the robustness of the underlying development hypothesis and the impact of activities on results. It is intended to bring together various expertise and points of view to arrive at a conclusion as to whether the program is “on track” or if new actions are needed to improve the chances of achieving results.” (ADS 203.3.3). At a minimum, a portfolio review must examine the following:

- Progress towards SO achievement and expectations regarding future results achievement;
- Evidence that outputs of activities are adequately supporting the relevant IRs and ultimately contributing to the achievement of the SO;
- Adequacy of inputs for producing activity outputs and efficiency of processes leading to outputs;
- Status and timeliness of input mobilization efforts;

- Status of critical assumptions and causal relationships defined in the results framework, along with the related implications for performance towards SOs and IRs;
- Status of related partner efforts that contribute to the achievement of IRs and SOs;
- Status of the operating unit's management agreement and the need for any changes to the approved strategic plan;
- Pipeline levels and future resource requirements;
- SO team effectiveness and adequacy of staffing; and
- Vulnerability issues and related corrective efforts.

The SO-8 team should consult ADS Tables 203 A, 203 B, and 203 C for ideas on how to improve the portfolio review process.

Table 3 below outlines scheduled SO-8 Team performance reviews.

Table 3. SO-8 Team performance reviews.

TYPE OF REVIEW	WHEN	PURPOSE
Partner coordination meeting	April & September each year	To get partners together for launch of activities. Discuss USAID reporting requirements, indicator issues, etc.
Partner Activity Progress/portfolio Review	March and September each year	To review with partners the progress of activities and discuss potential changes in approach, data collection, or other programmatic issues
Annual Strategy Meeting	October each year	To review current progress of activities and their contribution to the overall Mission strategic objectives

D. REPORTING PERFORMANCE RESULTS: The Annual Report

USAID uses performance information not only to assess Operating Unit progress but also as the basis of its resource request for subsequent years and to share knowledge and enhance learning throughout the organization. Like other Operating Units, USAID/Mozambique submits an annual report on its performance against expected results, including both its successes and areas identified for improvement.

The annual report is prepared in accordance with the specific guidance for that year issued by the Agency. The report uses two main sources of information: (a) SO and IR performance indicator data; and (b) the portfolio review process described earlier. The PMP is a key document in preparing for the report since it contains information on all SO and IR performance indicators, including indicator and data quality assessments, responsibilities for data collection and analysis, and the management utility of each indicator. Agency guidance requires that all indicators meet Agency standards for indicator quality and data quality if data are used to support assertions in the report. These standards are described in ADS 203.3.6.5.

As a means of preparing for the Annual Report, it is expected by USAID/Mozambique that SO-8 will collect success stories from its partners on an annual basis. This is done in coordination with data collection schedules as determined by the SO-8 team and its partners. **Submit at least one story (with photo) with AR submission. A detailed explanation of the format for submission may be found on the web at: http://207.120.254.106/usaid/jsp/success_story.jsp.**

E. ASSESSING DATA QUALITY

Data Quality Assessment Procedures: The SO-8 Team integrates data quality assessment into ongoing activities (e.g., combines a random check of partner data with a regularly scheduled site visit). This minimizes the costs associated with data quality assessment. When conducting data quality assessments, team members use the Data Quality Checklist as a guide. Findings are written up in a short memo (as part of the trip report form) and filed in the team's performance management files. If the SO Team determines any data limitations exist for performance indicators (either during initial or periodic assessments), it corrects the limitations to the greatest extent possible. The SO Team documents any actions taken to address data quality problems in the appropriate Performance Indicator Reference Sheet(s). If data limitations prove too intractable and damaging to data quality, the SO Team seeks alternative data sources, or develops alternative indicators.

DATA QUALITY ISSUES:

Known data limitations and significance (if any): While indicator specific data limitations have been identified in the performance indicator reference sheets, this section seeks to identify limitations based in data collection and detail the action taken or planned to address these limitations.

Table 4. Data limitations and significance.

Data Collection Limitation	Action Planned to Address Data Limitation
Validity and reliability of data	If possible, provide TA to improve
Lack of consistent terms	If possible, standardize data collection forms for uniformity of terms used and data tracked
Lack of objective evaluation criteria	If possible, conduct retreat with implementing partners to discuss and determine evaluation criteria
Integrity as data or records might have been manipulated	If possible, perform spot checks and independent evaluation to valid data provided by partner agencies
Self-reported data may under or over report "socially-desirable" results	This bias is an inherent limitation of most survey research methodologies. While it is difficult to counteract, triangulation with other sources of data will provide points of reference for the estimation of over/under reporting and it would be expected that levels of bias introduced will not vary greatly over time, thus allowing for less biased trend analysis.

Date of Future Data Quality Assessments: At a minimum, data quality assessments will be performed at an interval of three years from the date of the most recent data assessment for all indicators to be reported to USAID/W, as per the ADS.

Procedures for Future Data Quality Assessments: The Mission M&E officer, along with the activity manager will perform site visits, monitor databases and other M&E systems and evaluate, using different tools such as data checklists, interviews with providers and clients as well as semiannual meetings with contractors, cooperating agencies and national/international partners.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: In general, data analysis will be done by the contractor, cooperating agency or national/international partner responsible for carrying out the activity as identified in the performance indicator reference sheets. Appropriate PHN staff will also be involved in the review, analysis and validation of the data compiled and presented to the Mission. Should there be any

discrepancies in the data provided by sentinel surveillance, surveys and service statistics, the SO-8 M&E team will perform triangulation of data to better understand the dynamics of data disparity. Activities carried out to ensure data accuracy will be captured in the data quality assessment sheets. User-friendly raw data will also be provided to other partners, as appropriate, should additional secondary data analysis be requested.

Presentation of Data: Data will be presented in a variety of tools including tables, graphs and charts. Key findings will be summarized in power point presentation, brochures and posters. The data will be available through the USAID/Mozambique's website at http://www.usaid.gov/mz/health.htm, and presented at national dissemination workshops sponsored by USAID as appropriate.

Review of Data: Initially those responsible for the data collection for performance indicators (as identified in the PMP within the individual performance indicator data sheets) will review the data with the appropriate contractor, cooperating agency, or partner responsible for data consistency and quality (generally at intervals of 6 months).

Reporting of Data: Data will be reported in annual reports, budget justifications, annual strategy meeting presentations; also during mission strategy/portfolio reviews and other external USAID presentations.

F. REVIEWING AND UPDATING THE PMP

The PMP serves as a "living" document that the SO-8 team uses to guide its performance management efforts. As such, it is updated as necessary to reflect changes in strategy and/or activities. PMP implementation is therefore not a one-time occurrence, but rather an ongoing process of review, revision, and re-implementation. The PMP is reviewed and revised at least annually and as necessary. This is done during the Annual Strategy Meeting and portfolio review. When reviewing the PMP, the SO Team considers the following issues:

- Are the performance indicators measuring the intended result?
- Are the performance indicators providing the information needed?
- How can the PMP be improved?

If the SO Team makes major changes to the PMP regarding indicators or data sources, then the rationale for adjustments are documented. For changes in minor PMP elements, such as indicator definition or responsible individual, the PMP is updated to reflect the changes, but without the rationale.

G. OVERALL PERFORMANCE MANAGEMENT TASK SCHEDULE

PERFORMANCE MANAGEMENT TASKS	FY 2005				FY 2006				FY 2007				NOTES
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
COLLECT PERFORMANCE DATA: RESULTS-LEVEL INDICATORS													
SO-8: Increased Use of Child Survival and Reproductive Health Services in Target Areas													
8.A: % of children (12-59 months) receiving vitamin A supplement in the past 6 months	X			X	X	X	X	X	X	X	X	X	Source: KPC/HIS/DHS
8.B: % of children (< 2 years) who have received all 8 vaccinations	X			X	X	X	X	X	X	X	X	X	Source: DHS/KPC/HIS
8.C: % of women (15-49 years) using modern contraception	X			X	X	X	X	X	X	X	X	X	Source: KPC/HIS/DHS
8.D: % of households using ITNs				X								x	Source: KPC/DHS/MIS
8.E: % of deliveries performed in a health facility	x			X	X	X	X	X	X	X	X	X	Source: HIS/KPC/DHS
IR-8.1: Increased access to quality CS/RH services in target areas													
8.1.A: % of communities with an IMCI and an RH community health worker				X	X	X	X	X	X	X	X	X	Source: NGO records
8.1.B: % of health centers meeting quality assurance standard				X	X	X	X	X	X	X	X	X	Source: NGO records
8.1.C: % of pregnant women making at least 2 visits to an antenatal care facility	x												Source: KPC/DHS
8.1D % of pregnant women who have received post partum vit. A supplementation				X	X	X	X	X	X	X	X	X	Source: HIS/KPC/DHS
8.1E % pregnant women who have received at least 2 doses of IPT				X	X	X	X	X	X	X	X	X	Source: HIS/KPC/DHS
Sub IR-8.1.1: Primary health services strengthened at the facility level													
8.1.1.A: % of PHC centers fully implementing IMCI protocols	x			X	X	X	X	X	X	X	X	X	Source: HFA/NGO records
8.1.1.C: % of children < 5 appropriately treated for malaria	x											x	Source: KPC/DHS/MIS
8.1.1C # of people trained in maternal/newborn health through USG-Supported programs												X	Source: NGO records
8.1.1D # of people trained in child health through USG supported programs												X	Source: NGO records
8.1.1E # of people trained in FP/RH with USG funds												x	Source: NGO records

PERFORMANCE MANAGEMENT TASKS	FY 2005				FY 2006				FY 2007				NOTES
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
Sub IR-8.1.2: Community health services established and expanded													
8.1.2.A: % of communities having established CBD systems				X	X	X	X	X	X	X	X	X	Source: NGO records
8.1.2.B: % of children < 5 appropriately referred to health facilities				X	X	X	X	X	X	X	X	X	Source: NGO records
8.1.2.C: % of pregnant women seen by TBAs and referred to facility for delivery				X	X	X	X	X	X	X	X	X	Source: NGO records

PERFORMANCE MANAGEMENT TASKS	FY 2005				FY 2006				FY 2007				NOTES
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
IR-8.2: Increased demand at community level for CS/RH services													
8.2.A: % of women desiring to limit or space births	x												Source: KPC/DHS
8.2.B: % of CLCs with annual plans based on prioritized solutions to health problems in their respective communities				**X**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	Source: NGO records
8.2C # of people trained in DOTS with USG funding												**x**	Source: NGO records
8.2D # of contraceptive pills distributed through CBD				**x**	**X**	**X**	**x**	**x**	**x**	**x**	**x**	**x**	Source: NGO records
Sub IR-8.2.1: Health knowledge increased and attitudes improved													
8.2.1.A: % of adults who can name at least one sign for maternal complication	**X**												Source: KPC/DHS
8.2.1.B: % of adults who can name at least two danger signs for child illness	**X**												Source: KPC/DHS
8.2.1.C: % of women exclusively breastfeeding for 6 months	**X**												Source: KPC/DHS
Sub IR-8.2.2: Awareness of available services increased through promotion													
8.2.2.A: % of adults who know where to go for child vaccinations	**X**												Source: KPC
8.2.2.B: % of adults who know where to go for	**X**												Source: KPC
IR 8.3: More accountable policy and management													
8.3.A # of policies/strategies developed/updated									x	**x**	X	**x**	Source: NGO records
8.3.B # of USG-assisted SDP experiencing stock-outs of specific tracer drugs												**x**	Source: HFA/NGO records
Sub IR-8.3.1: Policy development process strengthened within the MOH													
8.3.1.A # of MCH policies drafted with USG support									X	**x**	x	**x**	Source: NGO records
8.3.1.B # of FP/RH policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services									X	**x**	x	**x**	Source: NGO records
Sub IR-8.3.2: Program resource management improved at implementing level													
8.3.2.A # of USG-assisted SDP experiencing stock-outs of essential drugs												**x**	Source: HIS/NGO records/HFA
8.3.2.B # of USG-assisted SDP experiencing stock-outs of specific contraceptive commodities												**x**	Source: HIS/NGO records/HFA
8.3.2.C # of USG-assisted SDP experiencing stock-outs of antimalarial drugs												**x**	Source: HIS/NGO records/HFA

SECTION IV. PERFORMANCE INDICATOR REFERENCE SHEETS

Performance Indicator Reference Sheets (PIRS) are maintained for each ***results-level*** indicator and are found in Annex I. If current results-level indicators are refined and/or additional indicators developed, the SO-8 Team will create new indicator sheets based on this template. Each reference sheet is fully consistent with the guidance (mandatory and suggested) contained in ADS 200 and provides information on:

- Indicator definition, unit of measurement, and any data disaggregation requirements;
- USAID data acquisition method, data sources, timeline for data acquisition, and USAID staff responsible for data acquisition;
- Plans for data analysis, review, and reporting;
- Any data quality issues, including any actions taken or planned to address data limitations; and
- Notes on baselines, targets, and data calculation methods.

A complete table of performance data (baselines, targets, and actual) for all ***results-level*** indicators is found at the end of this section.

A. SO8 LEVEL INDICATORS

These indicators measure progress towards the achievement of the USAID Health Strategic Objective and are all coverage and outcome indicators. The data for these indicators is obtained every three to five years through different surveys, including the Demographic and Health Survey (DHS), the Knowledge, Practice and Coverage (KPC) Survey and the Malaria Indicator Survey (MIS).

B. ACTIVITY-LEVEL INDICATORS

Activity level indicators are contained in the agreements and/or work plans agreed between the SO-8 Team and each of its partners. The purpose of these indicators is mainly to monitor operational progress on a relatively frequent basis. Depending on the activity, this is either monthly or quarterly. The agreements for each activity should be consulted for more detail on the specific indicators for each activity.

C. CONTEXT INDICATORS

In addition to results-level and activity-level measures, several context indicators were identified in the PMP development process. These indicators provide information on reality above the level of the SO in the country at large using Demographic Health Survey (DHS). The context indicators identified to date are as follows:

Level	CORRESPONDING CONTEXT INDICATORS
Target Provinces/National	Total Fertility Rate (TFR)
Target Provinces/National	Infant Mortality Rate (IMR)
Target Provinces/National	Under 5 Mortality Rate (U5MR)
Target Provinces/National	Maternal Mortality Rate (MMR)

D. OPERATIONAL PLAN INDICATORS

In addition to results-level and activity-level identified under SO8, the OP defines standard output indicators to be used across the agency. These indicators will be collected a long with the activity level indicators. These indicators are summarized in the table below.

E. SO- 8 SUMMARY PERFORMANCE DATA TABLE (SO, IR 1 & IR 2, IR3 & OP)

INDICATOR		Year							
		Base (2001-KPC; 1997-DHS)	Base (2004/05 KPC; 2003-DHS)	2005	2006	2007	2008	2009	2010
SO-8: Increased Use of CS/RH Services in Target Areas									
8.A: % of children (12-59 months) receiving vitamin A supplement in the past 6 months Source: **HIS**	Target			54.8	61.7	73	73.9	77.8	78
	Actual				62.5				
8.A: % of children (12-59 months) receiving vitamin A supplement in the past 6 months **Source: KPC**	Target					60.2			70.2
	Actual	40.2	50.2						
8.A: % of children (12-59 months) receiving vitamin A supplement in the past 6 months Source: **DHS** (6 province target area/national)	Target						60.2		
	Actual		43.2/49.8						
8.B: % of children 12-23 months fully immunized Source: **HIS**	Target			45.3	46	56.1	57.5	67.5	70
	Actual				63.9				
8.B: % of children 12-23 months fully immunized **Source: KPC**	Target					54.3			68.2
	Actual	26.5	40.4						
8.B: % of children 12-23 months fully immunized Source: **DHS**	Target						57.5		
	Actual	29.8 (national)	29.8/43.5						
8.C: % of women (15-49 years) using modern contraception **DHS**: all women/married women; 6 province target area/national)	Target						20.5		

	Actual	1.3 (all); 5.4/5.1	5.9/5.9; 14.2/11.7						
8.C: % of women (15-49 years) using modern contraception Source: **KPC**	Target					20.5			25
	Actual	15	12.9						
8.D: % of households using ITNs Source: **KPC**	Target					36.8			57.7
	Actual	5	15.9						
8.D: % of households using ITNs Source: **DHS**	Target						36.8		
	Actual		9.7 (national)						
8.E: % of deliveries performed in a health facility Source: **HIS**	Target			56	50.2	54.7	55.2	62.4	64
	Actual				56.7				
8.E: % of deliveries performed in a health facility **Source: KPC**	Target					59.2			64
	Actual	41.8	54.4						
8.E: % of deliveries performed in a health facility(6 province area/national) Source: **DHS**	Target						51		
	Actual	41/44.2	33.6/47.6						
IR-8.1: Increased Access to Quality CS/RH Services in Target Areas									
8.1.A: % of communities with an IMCI and an RH community health worker Source: **NGO Records**	Target			52	78	85.1	86.4	86.7	90
	Actual		45		99.2				
8.1.B: % of health centers meeting quality assurance standards Source: **NGO Records**	Target			13.3	39	61.4	62	63	64
	Actual		5		43.3				
8.1.B: % of health centers meeting quality assurance standards **Source: HFA**	Target						30		
	Actual								
8.1.C: % of women making at least 2 visits to antenatal care facility Source: **KPC**	Target					84.9			86
	Actual	65.7	75.3						
8.1.C: % of women making at least 2 visits to antenatal care facility Source: **DHS** 6 province target areas	Target						84.6		

(minimum of one visit only); nationally									
	Actual	65/60.5	80.4/84.6						
8.1.D: % of women who received post partum vitamin A supplementation Source: **HIS**	Target			21	21.2	37.3	36	41	46
	Actual				64.7				
8.1.D: % of women who received post partum vitamin A supplementation Source: **KPC**	Target					49			50
	Actual		16						
8.1.D: % of women who received post partum vitamin A supplementation Source: **DHS**	Target						45		
	Actual								
8.1.E: % of pregnant women who received at least 2 doses of IPT Source: **HIS**	Target			7.2	42.7	49	34.5	36	43
	Actual				87.9				
1.E: % of pregnant women who received at least 2 doses of IPT Source: **KPC**	Target					40			55
	Actual								
8.1.E: % of pregnant women who received at least 2 doses of IPT Source: **DHS**	Target						50		
	Actual								
Sub IR-8.1.1: Primary health services strengthened at the facility level									
8.1.1.A: % of PHC centers fully implementing IMCI protocols Source: **NGO Records**	Target			50	115	93	94	94.5	95
	Actual				70.3				
8.1.1.A: % of PHC centers fully implementing IMCI protocols Source: **HFA**	Target						90		
	Actual		42						
8.1.1.B: % of	Target						74.3		

children < 5 appropriately treated for malaria Source: **HFA**	Actual		59						
Sub IR-8.1.2: Community health services established and expanded									
8.1.2.A: % of communities having established CBD systems Source: **NGO Records**	Target			46	76.4	83.3	85.7	86	86.5
	Actual		39		100.8				
8.1.2.B: % of children < 5 appropriately referred to health facilities Source: **KPC Records**	Target					20.6			40
	Actual								
8.1.2.B: % of children < 5 appropriately referred to health facilities Source: **Health facility Records**	Target			7.2	14.4	21.6	28.8	36	43
	Actual								
8.1.2.C: % of pregnant women seen by TBAs and referred to facility for delivery Source: **Health Facility Records**	Target			5.4	37.7	25.6	40	43	45
	Actual				64.7				
8.1.2.C: % of pregnant women seen by TBAs and referred to facility for delivery **Source: KPC Records**	Target					33.8			43
	Actual		1.5						
INDICATOR		**Year**							
		Base	2004	2005	2006	2007	2008	2009	2010
IR-8.2: Increased Demand at Community Level for CS/RH Services									
8.2.A: % of women desiring to limit or space	Target					54.9			59

	Actual		50.7						
8.2.A: % of women desiring to limit or space births Source: **DHS**(6 province target area/national) – sterilized; have one in more then 2 years; do not want more children	Target						65		
	Actual	44.9 (national)	54/55						
8.2.B: % of CLCs with annual plans based on prioritized solutions to health problems in their respective communities Source: **NGO Records**	Target			27.5	69.5	80	81	84	85
	Actual		17		89.5				
Sub IR-8.2.1: Health knowledge increased and attitudes improved									
8.2.1.A: % of adults who can name at least one sign for maternal complication Source: **KPC**	Target					86.3			87
	Actual	46.5.	72						
8.2.1.B: % of adults who can name at least two danger signs for child illness Source: **KPC**	Target					82.5			85
	Actual	62.8	68.2						
8.2.1.C: % of Community Leaders Councils with exclusively breastfeeding (for 6 months) women groups Source:**NGO Records**	Target			23.2	40.2	64.2	64.3	65	66
	Actual				115.5				
8.2.1.C: % of women	Target					29.6			40

exclusively breastfeeding for 6 months Source: **KPC**	Actual	27.6	20						
8.2.1.C: % of women exclusively breastfeeding for 6 months Source: **DHS**	Target						17.5		
	Actual	15.6 (national)	10.5/13.7						
Sub IR-8.2.2: Awareness of available services increased through promotion									
8.2.2.A: % of adults who know where to go for child vaccinations Source: **KPC**	Target					88.8			93
	Actual		84.2						
8.2.2.B: % of adults who know where to go for family planning services Source: **KPC**	Target					86.3			90
	Actual		82						
INDICATOR		**Year**							
		Base	2004	2005	2006	2007	2008	2009	2010
IR-8.3: More Accountable Policy and Management									
8.3.A: Policy formulation score Source: **MOH/NGO Records**	Target								

	Actual								
8.3 A Number of policies/strategies developed/updated Source: **HFA & Health Facility Records**	Target				2	1	1		
	Actual				1				
8.3 B Number of USG-assisted SDP experiencing stock-outs of specific tracer drugs Source: **MOH/NGO Records**	Target					43	34	25	16
	Actual								
Sub IR-8.3.1: Policy development process strengthened within the MOH									
8.3.1. A: Number of policies drafted with USG support Source: **MOH/NGO Records**	Target				2	1			
	Actual				1				
8.3.1. B: Number of FP/RH policies or guidelines developed or changed with USG-assisted to improve access to and use of FP/RH services Source: **MOH records**	Target					1	1		
	Actual								
Sub IR-8.3.2: Program resource management improved at implementing level									
8.3.2. A: Number of USG-assisted SDP experiencing stock-outs of essential drugs Source: **HFA & Health Facility Records**	Target					43	34	25	16
	Actual								
8.3.2. B: Number of USG-assisted SDP experiencing stock-outs of contraceptive commodities Source: **HFA & Health Facility Records**	Target					43	34	25	16
	Actual								
8.3.2. C: Number of USG-assisted SDP Experiencing stock-outs of antimalarial drugs Source: **HFA & Health Facility Records**	Target					43	34	25	16
	Actual								

Note:
Gray indicates no data was collected.
Orange indicates data is incomplete.
Pink indicates newly introduced indicator.

OP INDICATORS 3.1 Program Area: Health

INDICATOR		Year							
		Base	2004	2005	2006	2007	2008	2009	2010
3.1.2 Program Element Name: Tuberculosis									
Number of people trained in DOTs with USG funding	Target					250	350		

Source: **MOH/NGO Records**

	Actual								
3.1.3 Program Element Name: Malaria									
Number of ITNs distributed that were purchased or subsidized with USG support **Source:** MOH/NGO Records	Target					300,000	700,000		
	Actual								
Number of houses sprayed with insecticide with USG support **Source:** MOH/NGO Records	Target						200,000		
	Actual								
Number of Artemisinin-based combination treatments(ACTs) purchased and distributed through USG-supprot **Source:** MOH/NGO Records	Target					220,000	4,000,000		
	Actual								
3.1.3.9 Program Sub-Elements									
Number of baseline or feasibility studies prepared by the USG **Source:** MOH/NGO Records	Target					1			
	Actual								
3.1.5 Program Element Name: Other Public Health Threats									
Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support **Source:** MOH/NGO Records	Target					1	1		
	Actual								
3.1.6 Program Element Name: Maternal and Child Health									
Number of deliveries with a skilled birth attendant (SBA) in USG assisted programs **Source:** MOH/NGO Records	Target				98,899	135,452	181,000		
	Actual								
3.1.6.7 Program Sub Element: Household level water, Sanitation, Hygiene and Environment									
Liters of drinking water disinfected with USG – Support point –of-use treatment products **Source:** MOH/NGO Records	Target				62,403,125	187,500,000	271,875,000		
	Actual								
Program Sub- Elements : 3.1.6.5 Maternal and Young child Nutrition, including Micronutrients: 3.1.6.6 Treatment of Child illness									
Percent of infants age 0-5 months exclusively breastfed in last 24 hours	Target				27	55	60		
	Actual								
Program Sub-Elements: 3.1.6.8 Health Governance and Finance (MCH)									
Number of people trained in maternal/newborn health through USG-supported programs (**all**)	Target					50	70		
	Actual								

Number of people trained in maternal/newborn health through USG-supported programs (**Women**)	Target					40	50		
	Actual								
Number of people trained in maternal/newborn health through USG-supported programs (**men)**	Target					10	20		
	Actual								
Program Sub-Elements: 3.1.6.10 Host Country Strategic Information Capacity (MCH)									
Number of people trained in other strategic Information Management	Target						60		
	Actual								
Program Sub-Elements: 3.1.6.10 Host Country Strategic Information Capacity (MCH); Program Sub-Elements: 3.1.6.8 Health Governance and Finance (MCH)									
Number of SG-assisted service delivery points experiencing stock-outs of tracer drugs	Target						60		
	Actual								
Program Sub-Elements: 3.1.6.8 Health Governance and Finance (MCH)									
Number of baseline or feasibility studies prepared by the USG **Source:** MOH/NGO Records	Target						1		
	Actual								
Program Sub-Elements: 3.1.6.1 Birth preparedness and Maternity Services; 3.1.6.3 Newborn care and Treatment; 3.1.6.4 Immunization, including Polio; 3.1.6.5 Maternal and Young child nutrition, including Micronutrients; 3.1.6.8 Health Governance and Finance(MCH)									
Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support	Target					1	2		
	Actual								
3.1.7 Program Element Name: Family Planning and Reproductive Health									
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP (do not use)	Target					70	45		
	Actual								
Program Sub-Elements 3.1.7.5 Host Country Strategic Information Capacity (FP)									
Number of people trained in other strategic information management	Target						100		
	Actual								
Number of institutions that have used USG-Assisted MIS System Information to inform administrative/management decision	Target						10		
	Actual								
Program Sub-Elements 3.1.7.1 Service Delivery; 3.1.7.2 Communication (FP)									
Number of contraceptive pills distributed(FFH)	Target				25,000	30,000	35,000		
	Actual								

Number of contraceptive pills distributed (WVI)	Target				39,231	104,500	120,000		
	Actual								
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP (do not use)	Target				0	30	20		
	Actual								
Number of contraceptive pills distributed through CBD (TBD)	Target						9000		
	Actual								
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP (do not use)	Target						15		
	Actual								
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP (do not use)(Path)	Target				0	3	2		
	Actual								
Number of contraceptive pills distributed through CBD (TBD)(Save)	Target					40,000	50,000		
	Actual								
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP (do not use)(Save)	Target					15	10		
	Actual								
Program Sub-Elements 3.1.7.4 Health Governance and Finance (FP)									
Number of people trained in FP/RH with USG funds	Target					50	70		
	Actual								
Number of women	Target					40	50		
	Actual								
Number of men	Target					10	20		
	Actual								
Program Sub-Elements 3.1.7.3 Policy Analysis and System Strengthening; 3.1.7.4 Health Governance and Finance (FP)									
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP (do not use)	Target					70	45		
	Actual								
Program Sub-Elements 3.1.7.1 Service Delivery									
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP (do not use)	Target					70	45		
	Actual								

Program Sub-Elements 3.1.7.3 Policy Analysis and System Strengthening; 3.1.7.4 Health Governance and Finance (FP); Program Sub-Elements 3.1.7.5 Host Country Strategic Information Capacity (FP)									
Number of policies or guidelines developed or changed with USG assistance to improve access to and usae of FP/RH services	Target					1	1		
	Actual								

SECTION V. NEXT STEPS

NEXT STEPS	RESPONSIBILITY	COMPLETE BY:	COMPLETED?
Review and revise PIRS to reflect correct target areas (e.g. Zambezia, Nampula, Gaza, Maputo) as soon as negotiations with MOH are completed	SO-8 Team	July 2007	Completed
Meet with consultant to discuss management roles and responsibilities and ensure that specific roles/responsibilities are elaborated in the appropriate PDs • who will manage the PMP • who will be responsible for collecting data for specific indicators	SO-8 Team	March 2006	Completed
Discuss/decide whether a QUIBB survey is needed/affordable. Need to consult with MOH about their plan for continued implementation of the survey	SO-8 Team	March 2006	
Finalize indicators • definitions • types of disaggregation • baselines & targets • Annual Report indicator? What year? • Data collection information	SO-8 Team	July 2007	Completed
Create Excel spreadsheet for Indicator summary table	SO-8 Team	March 2007	Completed
Include PMP elements into RFA/RFPs • data collection • assist SO-8 in conducting quality assessments • annual submission of success stories with photos • partner meetings	SO-8 Team	August 2007	
SO-8 team meetings to update PMP	SO-8 Team	Ongoing	In process
Complete performance management task schedule	SO-8 with partners	July 2007	Completed
Determine baselines and targets for results-level indicators (SO, IR, Sub IR) • Baselines for all indicators • Ultimate targets for all indicators • Year-end targets for all indicators (minimum of 2 years out, but go further if it makes sense)	SO-8 with partners	July 2007	completed
Discuss indicators and collection methods with partners including a PMP briefing/PPT (Mark will provide PMP slideshow for SO-8 team to adapt to partner audience)	SO-8, M&E specialist, and partners	July 2007	completed
Develop and finalize lower-level indicators (Sub IRs and Activity-level) with partners	SO-8 with partners	July 2007	completed
Conduct Data Quality Assessments (DQAs) for all indicators. SO-8 team will prioritize DQAs based on reporting requirements for the upcoming Annual Report. • Select Annual Report indicators to report on this year • Conduct DQAs for those indicators first (refer to pp. 24-34 of PMP Toolkit) then document the DQA and file	SO-8 Team	July 2007	completed

NEXT STEPS	RESPONSIBILITY	COMPLETE BY:	COMPLETED?
• Complete other DQAs			
Add some OP indicators into the Strategic Framework and PMP	SO-8 Team	December 2007	On going
Conduct final KPC survey	SO-8 Team	September 2008	Pending
National DHS	SO-8 Team	November 2010	Pending

SECTION VI. ANNEXES

ANNEX I. Performance Information Reference Sheets (PIRS) for all results-level indicators (SO, IR, Sub IR)

ANNEX II. Summary Matrix of Indicators (Excel spreadsheet)

ANNEX III. DQA Worksheet